

Leveraging the All-Payer Claims Database and the Utah Health Waste Calculator to Evaluate Prescription Drug Costs and Promote Good Prescribing Practices

A Presentation to the Health and Human Services Interim Committee

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Request from the HHS Interim Committee

- Recommendations to ***promote good prescribing practices***, improve treatment compliance, and ***address affordability***
- Potential role of the All-Payer Claims Database in addressing ***appropriate Rx use*** and ***spending***

About the Office of Health Care Statistics*

- Utah Health Data Authority Act (UCA §26-33a)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Healthcare Facility Database (HFD)
- All Payer Claims Database (APCD)
- Patient Safety Surveillance and Improvement Program (PSSIP)
- *Utah Health Workforce Information Center (UCA §26-69-301)

About the Health Waste Calculator Analysis

- 2020, *H.B. 195 - Identifying wasteful healthcare spending*, enacted UCA §26-33a-117
- 500+ stakeholders were engaged in conversations surrounding this work
- 90-page report produced and submitted to legislature
- Recommendations made by the Utah Health Data Committee (UHDC)

Nuances about the Health Waste Calculator

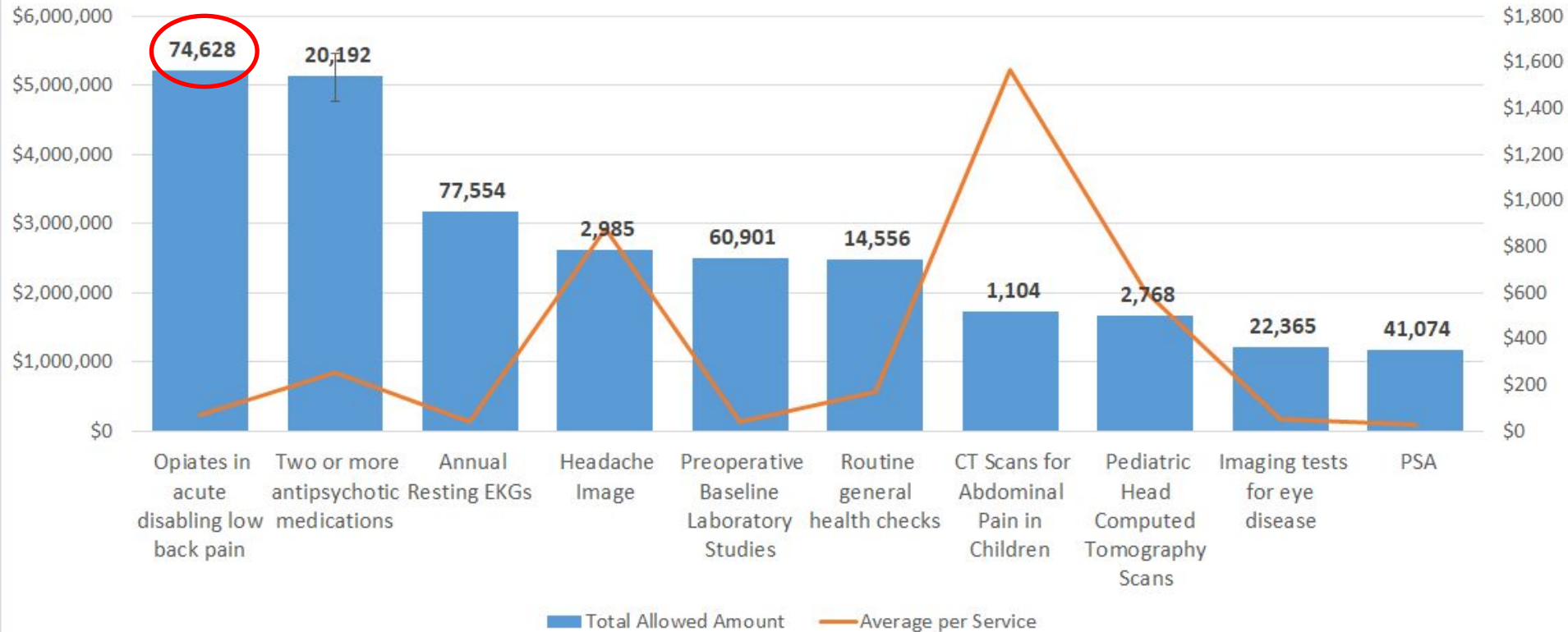
- Milliman MedInsight is the current contracted APCD data vendor.
- The HWC classifies a service as either *necessary*, *likely to be wasteful*, or *wasteful*.
 - **Necessary:** Confirms that data suggests appropriate services were administered by the healthcare provider
 - **Likely to be wasteful:** Indicates the need to question the appropriateness of services rendered
 - **Wasteful:** Flags a cause for concern, as the service probably should not have occurred
- Each of the 48 measures used has an accompanying clinical guide, with details and literature surrounding the measure.
 - Example: Opioids for Acute Back Pain measure: *"Don't prescribe opiates in acute disabling low back pain before evaluation and a trial of other alternatives is considered."**

Some Major Findings from the Utah Health Waste Calculator Analysis

- The total health waste dollars across 48 measures, using Utah's 2019 claims in the APCD amounted to approximately **\$42 million***
- The top three health waste measures across the state were:
 - Opiates in acute disabling low back pain (74,628 claims flagged, approx. \$5M)
 - Two or more antipsychotic medications (20,192 claims flagged, approx. \$5M)
 - Annual Resting EKGs (77,554 claims flagged, approx. \$3M)
- When making observations across lines of business, geographies and age groups, *opiates in acute disabling low back pain* were among the top two waste measures.

**Prior to Medicaid rebates for two measures regarding opioids and antipsychotic drugs*

Top 10 Health Waste Categories 2019 Utah All



Current & Possible APCD Use Cases in addressing Appropriate Rx Use & Spending

1. Monitor appropriate Rx use by clinics to determine if antidepressants, asthma medication, and statins are properly prescribed
2. Production of a report outlining the prevalence and cost of mail order prescriptions in Utah
3. Measure the cost of certain types of medications (i.e., the average cost for diabetic/hypertensive medications)
4. Evaluate how pharmacy costs vary by pharmacy and region
5. Determine the number of opioids are being dispensed and the medical history of the patient prior to being prescribed opioids

Recommendations to Promote Good Prescribing Practices & Address Affordability

- Recommendations from the UHDC regarding the Health Waste Project include:
 - Assess health waste at the facility level, for facility review
 - Produce reports for providers to access their own information
- Staff recommendations to address affordability:
 - Leverage the 2022 Health Waste Calculator report to highlight prescription-based measures
 - Analyses which identify variations in prescription costs for payers, to the state, and for patients

Other Recommendations

- Evaluate and explore data sharing between the Department of Occupational and Professional Licensing to share Controlled Substances Data with DHHS for public health purposes.
 - Many states' prescription drug monitoring programs (PDMPs) are housed within or administered by the state health department*, so there does exist a close relationship between the PDMP and the state health authority in other jurisdictions.

*Including but not limited to: Alabama, Arkansas, Florida, Georgia, Illinois, Maine, Maryland, Missouri, Nebraska, New Hampshire, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Washington (Source: [PDMP TTAC](#))

Thank You!

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